

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	10671604	FILING DATE	
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		2					56		
7		1					57		
8							58		
9		1					59		
10		1					60		
11	1						61		
12		1					62		
13		1					63		
14		1					64		
15		1					65		
16		2					66		
17		1					67		
18		1					68		
19		1					69		
20		1					70		
21	1						71		
22		1					72		
23		1					73		
24		1					74		
25		1					75		
26		1					76		
27		1					77		
28		1					78		
29		1					79		
30		1					80		
31		1					81		
32		1					82		
33		1					83		
34		1					84		
35		1					85		
36		1					86		
37		1					87		
38		1					88		
39		1					89		
40		1					90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	38						TOTAL DEP.		
TOTAL CLAIMS	42						TOTAL CLAIMS		

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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